

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 07, 2008
Secretary of State

DOCUMENT# N01000005492

Entity Name: NEW LIFE MINISTRIES OF OCALA, INC.**Current Principal Place of Business:**4650 SE 24TH STREET
OCALA, FL 34471 US**New Principal Place of Business:****Current Mailing Address:**4650 SE 24TH STREET
OCALA, FL 34471 US**New Mailing Address:****FEI Number:** 59-3742403**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WATSON, E. J CPA
317 NE 36TH AVENUE
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OCALA, FL 34470 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: BASTIE, WESLEY M
Address: 4650 SE 24TH STREET
City-St-Zip: OCALA, FL 34471 US**Title:** S/T () Delete
Name: BASTIE, DEBRA R
Address: 4650 SE 24TH STREET
City-St-Zip: OCALA, FL 34471 US**Title:** DIR () Delete
Name: STEVENS, RONALD W
Address: 280 EAST HATHAWAY AVE
City-St-Zip: BRONSON, FL 32621 US**Title:** DIR () Delete
Name: BLACKBURN, JERRY M
Address: 513 BAHIA DR
City-St-Zip: OCALA, FL 34472 US**Title:** DIR () Delete
Name: BASTIE, HELEN
Address: 3280 N E 17TH TERRACE
City-St-Zip: OCALA, FL 34479 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DIR () Change (X) Addition
Name: SINYARD, CLAUDE P
Address: 5811 SW 63RD PLACE ROAD
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY M BASTIE

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date